

FILED

10/24/2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

RECEIVED

JUN 07 2022

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

Christopher Wheeler

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Officer Lyles
E

Superintendent Greene

22cv3020
Judge Manish S. Shah
Magistrate Judge Heather K. McShain
DIRECT
PC3

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:



COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

I. Plaintiff(s):

- A. Name: Christopher Wheeler
- B. List all aliases: N/A
- C. Prisoner identification number: 20170330135
- D. Place of present confinement: COOK County Jail
- E. Address: 2700 S. California Ave, Chicago, IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Officer Lyles
 Title: COO Corrections Officer
 Place of Employment: COOK County Jail, Division 10
- B. Defendant: Superintendent Greene
 Title: Divisional Superintendent
 Place of Employment: COOK County Jail, Division 10
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: CV 3904
Wheeler v. OFC. Laguni
- B. Approximate date of filing lawsuit: 4/2020
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Christopher Wheeler
- D. List all defendants: Officer Laguni
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois
- F. Name of judge to whom case was assigned: Manish Shah
- G. Basic claim made: Failure to protect
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Unable to afford fees
- I. Approximate date of disposition: 11/17

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

III List of Lawsuits Involved In

A. Name of Case and docket #:

18cv2070; Wheeler v. Stovall

B. Approx Filing date:

2/2018

^{EW} C. Plaintiff:

-: All ~~Defendants~~:

Christopher Wheeler

D. All Defendants:

Officer Lagaris

E. Court in which lawsuit was Filed:

Northern District of Illinois

F. Judge assigned to case:

Hon. Manish Shah

G. Basis of Claim:

Failure to Protect

H. Disposition of Case:

Settled out of Court

I. Approx date of disposition:

4/2019

Statement of Claim

Page 15 of the Cook county Department of Corrections handbook tells us that inmates have the right to feel safe on our living unit. It tells us that we should follow the chain of command by reporting the issue first to an officer, then to a sergeant, and escalate the issue to a lieutenant if needed. Over several weeks prior to this issue I made every effort to mitigate the problem by doing just that. I spoke with many officers but none took the proactive actions to keep me safe.

Since mid January 2022 I was housed on the Protective Custody (P.C) Unit (1B) in Division 10. About 6 weeks after my arrival, detainee Michael Plata was approved for P.C. and placed with me (Division 10 - Unit 1B - cell 1221) as his housing assignment. Plata and I are both of similar age (approx. 6 year difference) and body build and both classified as Maximum Security.

Both Plata and I suffer from mental illness and take various medications on the daily basis. Medical records will show that while I take all my meds daily, Plata would often refuse his, only aggravating his mental situation. I notified Nurse Alonso (Regular Medical Nurse for IB) who made note and referred Plata to mental health per my expressed concerns. However, he refused his appointment. Plata would often show very aggressive behavior even outside the cell such as beating on doors, throwing food, jumping on dayroom tables, yelling and slamming phones. His behavior has been punished several times prior to his placement in my cell, including Special Housing Management Units for weeks at a time, compared to my near flawless record with no aggressive behavior or the need for Special Management housing. Until this incident, I had not had any guilty tickets. At some point, Plata saw ~~the~~ his own issues and asked multiple officers and sergeants to see

Mental Health but was denied every time. That only upset him more. His conduct became so bad that OFFICERS would hesitate to open our cell door for dayroom time.

OFFICER Lyles was one of the regular evening shift (3pm-11pm) OFFICERS who worked Unit 1B. From the first incident with Plata's behavior (which happened outside of the cell) she has been present. On two occasions Plata got so aggressive that when he tried to go into the OFFICER'S OFFICE that OFFICER Lyles rushed to the door and slammed it shut before he could enter. She has got his ID out with the intention of getting off the tier because of his conduct. But even with these warning signs and her own personal safety concerns, she kept locking me in the same cell with Plata. I've expressed my safety concerns to several OFFICERS, but none more than Lyles since she was the most frequent

Person working the unit. She has stated that she would call supervisors, ~~but~~ (naming only SGT. Christie as the person responding) but said nobody could do something until something physical happened. I requested cell reassignment almost daily before the incident. I even asked for transfer out of division 10, ~~at~~ but my requests were denied every time.

Officer Lyles worked her usual shift on the evening of March 31st, 2022. When she opened cell 1221 for scheduled dayroom time (approx 6:15 P.M.), I let Lyles know about the brewing tension between Plata and I and made her aware that it might get physical very soon. She did nothing. At the end of dayroom time (approx. 9PM), I told Lyles I was scared that something would happen since Plata had already made threats earlier that day. While she was at our door, me AND Plata both expressed concern for each other, (this

can be seen on camera), but her reply was "IF I see ~~him~~ Him [referring to the sergeant on duty] I'll let him know, but I'm not calling nobody." About 4 hours later (at approx AM on April 1st 2022) Plata and I began to fight and, as warned, it became physical. Since Lyles left at 11pm, when the fight was heard, Officer Jacob responded and called Sergeant Schoofs for backup. We separated without further commands and cuffed up. We were interviewed separately and taken for medical attention. I had no visible injuries at the time and was scheduled to follow up with primary care (Dr. B. Davis) the following week. I let her know I was having issues with my vision (blurred vision, light sensitivity) because Plata placed his fingers in my eye and applied pressure. This, combined with a previous eye injury from another fight and my recent diagnosis as pre-diabetic, Dr. Davis sent me to see an eye doctor. I'm not sure what was found, but my prescription did get worse, I was ordered some medicated drops, and told to come back in 3 months (compared

to the standard 18-24 months).

A Similar incident happened with two other inmates on the same unit, under the charge of Officer Lyles. Inmates Benjamin Carlot and Antawane Jackson were housed together in cell 1205. They got into a VERBAL altercation in the cell. During dayroom, they alerted Officer Lyles of the issue, who alerted a sergeant. Carlot was then locked back in cell 1205 while Jackson remained in the dayroom. The two were separated within an hour. Carlot was moved to cell 1208, while Jackson remained in 1205.

It should be noted that both Jackson and Carlot are two black (~~per~~ presumed) heterosexual guys. Plata is a latino and I am a black gay male with a high profile case. Although these two incidents may not be related, both happened under the supervision of Officer Lyles.

After the April 1st incident with

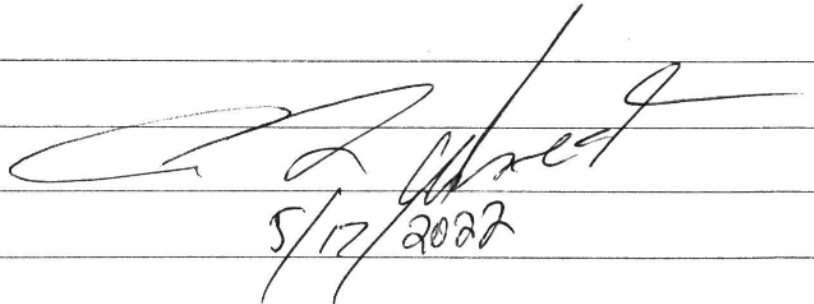
Plata, we were finally separated. Plata was transferred to a P.C. unit in division 9, I returned to 1B (same cell). However, this incident led to others, also under the charge of Officer Lyles.

I was placed on "Out Alone" (Must be housed and come out of the cell without any other inmates) From April 1st to April 3rd, for "safety" reasons. After I was removed from that status, someone who considered himself a "friend" of Plata threw a "peanut butter looking substance" into my cell. I reported this and the inmate, Martin Pendergrast was ticketed and charged. But, he was read his charges while I was still present. As such, threats were made where Pendergrast told me was going to stab me and made an attempt to fight me during dayroom time. All in front of another division 10 officer named Mahafferty. After this, my legal team (Attorney Robert Fox, Attorney ~~Chief~~ Chief Andrea Lubelfeld and mitigation specialist Dr. Tanq McCoy) began to call and email division 10 leadership to address their concerns for

My safety. Towards the middle of April 2022 I was transferred to a P.C. unit in Division 8 where I'm currently housed.

Officer Lyles Failed to protect me. Protect me from the physical (possible permanent) harm of Michael Plata, a person even she exhibited fear of. Her conduct was the underlining cause of the altercation with Pendergrast. Superintendent Greene shares liability with Lyles as 1) He was aware of the conduct of the sworn staff under his supervision 2) As the Superintendent he was well aware of the charges filed against Pendergrast. Therefore, had his team been proactive, they would have been able to prevent that conflict by separating us prior to him being read his ticket. Emotionally, I am terrified of having a cellmate, worried about possible vision loss and uncomfortable with some officers, as they may be friends of Lyles. However, ~~the~~ another emotionally damaging issue is the fact my birthday was April 2nd, 2022. It was my 36th birthday and marked

the ~~start~~ start of my sixth year of incarceration. I was on "out alone" at this time, spending the entire day with no human ~~contact~~ contact and unable to speak with friends and family. This added to an already stressful situation of being locked up, resulting in suicidal thoughts, and 2 trips to mental health. ~~The~~ The situation has (and still is) causing a lot of stress. Prior to the incident with Plata I had zero tickets where I was faulted. That has changed. My disciplinary record was something I took great pride in and was to be used as a part of my mitigation in my criminal case. It will be seen by my criminal judge. It may now be used as aggravation. Again, the simple misconduct of Officer Lyles and division 10 leadership can and may result in things that could be life altering.


5/17/2022

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

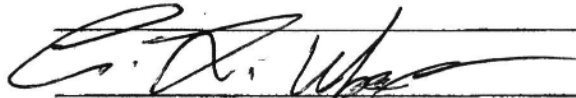
I am seeking \$250,000 in Physical damages, \$150,000 in Emotional damage. Additional Financial Assistance if sentenced to IDOC. Financial Assistance upon discharge, if not sentenced to IDOC until able to stabilize employment, housing. will take actual employment and/or housing opportunity in lieu of financial support if not sentenced to IDOC. (See attached)

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 17th day of May, 2022



(Signature of plaintiff or plaintiffs)

Christopher Wheeler

(Print name)

20170330135

(I.D. Number)

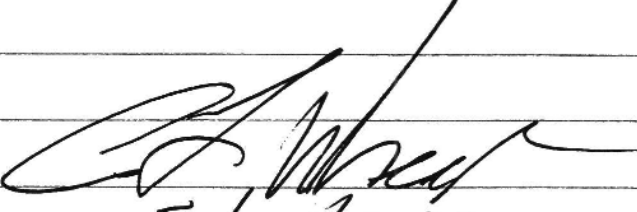
2700 S. California Ave

Chicago, IL, 60608

(Address)

Relief (Continued from Page 6)

I am also seeking sensitivity and correctional training for Superintendent Greene and all sworn staff under his command, including Officer Lyles. I would like sort of policy for CCDOC staff and leadership to allow and require prevent incidents similar to mine with Plata, instead of the current policy only allowing reactive measures.


5/12/2022

COOK COUNTY SHERIFF'S OFFICE (OFICINA DEL SHERIFF DEL CONDADO DE COOK)
INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

1010-1B-1221

INCIDENT REPORT NO.	CONTROL NUMBER	IR NUMBER	FBI NUMBER	SID NUMBER	INMATE ID NUMBER
DIV10-2022-6212	N/A	2363252	D00K0AD58	IL45738810	762525
INMATE INFORMATION					
Inmate's Name (Print) (Nombre del recluso Imprimir):	Inmate's DOB (Fecha de nacimiento):	Booking Number:	Division/Unit(Division/unidad):	Inmate's Living Unit(Unidad de vida):	
Christopher Wheeler	4/2/1986	20170330135	Division 10	In-Cell	
INFRACTION INFORMATION					
<input type="checkbox"/> VERBAL WARNING <input type="checkbox"/> FORMAL CHARGE	Date of Infraction:	Time of Infraction:	Location of Infraction (Lugar de la infracción):	Restitution Form Attached:	
	4/1/2022	1:30 AM	DIVISION 10	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NUMBER	CHARGE				
207	Fighting				
VICTIM / WITNESS INFORMATION					
<input checked="" type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Michael Plata		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input type="checkbox"/> Witness <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other: Participant	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		Christopher Wheeler		
<input type="checkbox"/> Victim <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Staff <input type="checkbox"/> Other: _____	<input type="checkbox"/> ID #: _____ <input type="checkbox"/> Star #: _____		T Jacob		
INFRACTION NARRATIVE (Infracción narrativa)					
At apx. 0115hrs. on 1 April 22 R/O T. Jacob #15609 heard a commotion on tier 1B. R/O went into the living unit and found inmate Plata, Michael 20201215085 in cell 1221 standing between the door and the bunks and his face was bleeding. I radioed for Sgt. Schnolis #3233 to report to 1B. The second person in cell 1221 was inmate Wheeler, Christopher 20170330135. Several officers and Sgt. Schnolis arrived on 1B and both inmates were removed from cell 1221 without further incident and inmate Plata, Michael 20201215085 was taken to Cermak Hospital for medical evaluation. End of report					
Material Confiscated/Evidence Bag Number (Attach photocopy of evidence) Materiales confiscados/pruebas bolsa numero (adjuntar fotocopia de pruebas):					
CLASSIFICATION UNIT					
Inter-Agency Health Inquiry Submitted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	If YES, Date Submitted: _____	Assessment Completed: <input type="checkbox"/> DNA <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, where? <input type="checkbox"/> Medical Health <input type="checkbox"/> Mental Health	Assessment Received: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Approved For Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	Placed in Pre-Hearing Segregation: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA	Was Verbal Warning Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA If Yes, Were Privileges Restricted: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> DNA Type of Privilege and Duration of Restriction: _____			
Classification Unit Personnel (Print):		Title:	Star #		
Reporting Personnel's Name (Print): Jacob, T	Star # 15609	Signature: /s/ Jacob, T, Star # 15609	Date: 4/1/2022 2:08:32 AM		
Reviewing Supervisor's Name (Print): Schnolis, D	Star # 3233	Signature: /s/ Schnolis, D, Star # 3233	Date: 4/1/2022 2:12:06 AM		
Watch Commander (Print): Wolfe, M	Star # 763	Signature: /s/ Wolfe, M, Star # 763	Date: 4/1/2022 2:26:39 AM		
Disciplinary Report Delivered to Inmate by (Print Name): (Informe disciplinario entregado al recluso por:)				Star Number: (Numero de estrella)	
Shavers, A				18462	



INMATE DISCIPLINARY REPORT (INFORME DISCIPLINARIO INTERNO)

Date Delivered: (Fecha de entrega:)	Time Delivered: (Tiempo de entrega:)	Signature of Serving Staff Member: (Firma del miembro del personal que sirve:)
4/1/2022	2:30:01 AM	/s/Shavers, A, Star #18462



**SHERIFF'S OFFICE OF COOK COUNTY
OFFICE OF PROFESSIONAL REVIEW
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): <i>Wheeler, Christopher, 7</i>		AGE: <i>36</i>	DATE OF BIRTH: <i>April 2, 1986</i>	HOME #: <i>N/A</i>
	HOME ADDRESS: <i>2700 S. California Ave</i>		CITY: <i>Chicago (IL 60608)</i>		WORK/OTHER #:
	STATE: <i>IL</i>	ZIP CODE: <i>60608</i>	STATE/D.D.L. #: <i>W/460 1185 6095</i>		STATE OF ISSUANCE: <i>IL</i>
	<p align="center">I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.</p>				
Complainant Information	DATE OF INCIDENT: <i>3/31/22</i>		TIME OF INCIDENT: <i>9 PM</i>		
	LOCATION OF INCIDENT: <i>Div. 10 - 1B (CLDOC)</i>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT: <i>OFFICER Lyles, Brian Frank, Early to mid thirties, over 6ft tall. Works in Division 10 on 3p-11p shift</i>				
Witnesses	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP		HOME PHONE #	
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT. <i>This officer was told multiple times about ongoing issues and rising tension between me and my former cellmate, Michael Pinta (20201215085). This final time, she was told during lockdown about my fear and concerns of imminent danger. I asked for a supervisor (white shirt) and was told "If he (white shirt) comes down I'll let him know but I'm not calling anybody." Less than 5 hours later, a physical fight took place inside</i>				
	<input checked="" type="checkbox"/> CONTINUED ON REVERSE				

FOR OFFICE USE ONLY

DATE COMPLAINT RECEIVED: _____

RECEIVED BY: _____

IAD/IG #: _____

Complaint Narrative (Continued)

the cell. This was 100% inevitable. Had OFC Cykes performed basic job duties and Responded to the threat and Protected ~~her~~ the inmates she was charged to protect no harm would have been done. The ending result was ~~Physical~~ Physical harm to both of us. Emotional damage, trauma, and loss of trust. Now I have disciplinary actions and Reports that can aggravate my sentence if I'm found guilty.

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Christopher Wheeler

(Print Name)

Complainant's Signature: *Christopher Wheeler*

Date: 4/13/22

State of Illinois)

County of Cook)

Signed and sworn to before me on

April 13, 2022
(date)

Christopher Wheeler
(name of person making statement)

OFFICIAL SEAL

K SANKEY
(Notary seal)

NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES: 12/11/2024

K Sankey
(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

Please mail your completed, **signed and notarized**, complaint form to:

Cook County Sheriff's Office of Professional Review

3026 S. California
Chicago, IL 60608



(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM / of 2

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Wheeler

Christopher

20170330135

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

10

1B 1221

4-10-2022

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearing officer.

The grievance must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o Identificación del Acusado)

3/31/22

9 PM

IV. 10-1B

Officer Lyke

I let the officer know about the ongoing tension between me and my brother Christopher. This included arguments (some within view and some off of it) aggressive behavior on Christopher's part, and verbal threats to me and other inmates. On 3/31 I let Lyke know of the ongoing tension. She said she would investigate. At 9pm I received her of the threat of a physical threat. She said if Christopher comes down here I'll let him know, but I'm not calling anyone. Because she disregarded my safety and failed to act on the verbal and physical warnings less than 5 hours.

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY !

(! Para ser llenado solo por el personal de Inmate Services !)

- ☐ Emergency Grievance
☐ Grievance
☐ Non-Compliant Grievance

- ☐ Cermak Health Services
☐ Superintendent: _____
☐ Other: _____

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del Preso)

Wheeler

Christopher

20170330135

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

10

1B 1221

4-10-2022

GRIEVANCE GUIDELINES AND SUMMARY OF COMPLAINT

Your grievance issue must meet all criteria listed below in order to be assigned a control #, to be appealed and/or to exhaust remedies.

The grievance issue is not one of the following non-grievable matters: inmate classification including designation of an inmate as a security risk or protective custody inmate, or decisions of the inmate disciplinary hearings officer.

The grievance issue must have occurred within the last 15 calendar days unless the allegation is of sexual assault, sexual harassment, sexual abuse or voyeurism. If the grievance includes an allegation of sexual assault, sexual harassment, sexual abuse or voyeurism no time limits exist. If you believe an exception applies please see a CRW (Correctional Rehabilitation Worker.)

The grievance issue must not be a repeat submission of a grievance collected within the last 15 calendar days.

The grievance issue must not be a repeat submission of a grievance that previously received a response and was appealed.

The grievance issue must not be a repeat submission of a grievance that previously received a response and you chose not to appeal the response within 15 calendar days.

The grievance issue must not contain offensive or harassing language.

The grievance form must not contain more than one issue.

The grievance issue must not pertain to non-jail related concerns such as with arresting agencies, judicial matters, or medical staff at outlying hospitals, etc.

DIRECTRICES PARA AGRAVIOS Y RESUMEN DE QUEJA

El asunto de la queja tiene que satisfacer todo el criterio listado más abajo para obtener un número de control, para ser apelado y/o agotar todos los remedios posibles.

El asunto de la queja no puede ser ninguno de los siguientes temas, que no se consideran quejas formales: Clasificación del preso incluyendo designación del preso. Tal como riesgo de seguridad o custodia de protección para los presos, o decisiones del oficial de audiencias disciplinarias para los presos.

El asunto de la queja formal tiene que haber pasado en los últimos 15 días calendarios a menos que la acusación sea de acoso sexual, sexual hostigamiento, sexual abuso. O voyeurismo. Si la queja incluye acusaciones de acoso sexual, hostigamiento, voyeurismo, o abuso, no existe tiempo límite. Si usted cree que existe una excepción, hable o vea a un Trabajador de Rehabilitación Correccional (TRC/CRW).

El asunto de la queja no puede ser una repetición de una queja sometida en los últimos 15 días calendarios.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y fue apelada.

El asunto de la queja no puede ser una repetición de una queja previamente recibida y la cual ya ha recibido una respuesta y usted recibida no someter una apelación sobre la decisión dada en los 15 días calendarios.

El asunto de la queja no puede contener lenguaje ofensivo o amenazante.

La solicitud de la queja no puede contener más de un asunto.

El asunto de la queja no puede corresponder a asuntos no relacionados con la cárcel tal como preocupaciones sobre la agencia de arresto, asuntos judiciales, o empleados médicos de hospitales periféricos, etc.

REQUIRED -
DATE OF INCIDENT
(Fecha del Incidente)REQUIRED -
TIME OF INCIDENT
(Horas del Incidente)REQUIRED -
SPECIFIC LOCATION OF INCIDENT
(Lugar Específico del Incidente)REQUIRED -
NAME and/or IDENTIFIER(S) OF ACCUSED
(Nombre y/o identificación del Acusado)

3/3/22

9 PM

Div. 10 1B

Officer Lyle

later on 4/1 at approx 1:30 AM we ended up in a physical fight. That the... physical... on both... emotional distress as well as... (something that can be brought up if I'm sentenced). For something that could have been prevented.

NAME OF STAFF FOR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE: (Firma del Preso):

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:

Oficina Del Alguacil del Condado de Cook

INMATE GRIEVANCE RESPONSE/APPEAL FORM

(Formulario de Queja del Preso/ Apelación)

CONTROL NUMBER

INMATE #

202205867762585

INMATE INFORMATION TO BE COMPLETED BY INMATE SERVICES PERSONNEL ONLY

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de Identificación):

Wheeler

Christopher

20170330135

GRIEVANCE ISSUE AS DETERMINED BY CRW:

IMMEDIATE CRW RESPONSE (if applicable):

CRW/ REFERRED THIS GRIEVANCE TO (Example: Superintendent, Cermak Health Services):

DATE REFERRED:

Div 10 sup

4/13/22

RESPONSE BY PERSONNEL HANDLING REFERRAL

THE SAFETY AND SECURITY OF INMATES HOUSED AT THE CCDC IS OF THE UTMOST IMPORTANCE. UNFORTUNATELY, AS THESE EVENTS THOUGH, GRIPPING IS GIVEN IS UNAVOIDABLE. THE INCIDENT DESCRIBED WAS PLUMPED ON THE VENDING MACHINE.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV/DEPT:

DATE:

SUTHERLAND

SUTHERLAND

10

4/13/22

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

[Signature]

4/29/22

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

THIS SECTION IS TO BE COMPLETED BY INMATE!

To exhaust administrative remedies, grievance appeals must be made within 15 calendar days of the date the inmate received the response. An appeal must be filed in all circumstances in order to exhaust administrative remedies.

(Con el fin de agotar los recursos administrativos, las apelaciones de las quejas se deben realizar en el plazo de 15 días después de que el recluso haya recibido la respuesta. La apelación se debe enviar en todos los casos a fin de agotar los recursos administrativos.)

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del preso):

4/29/22

Yet, despite the response and efforts to mitigate the issues, it was not resolved. This can have a negative impact on sentencing for something I tried to prevent.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si) ☐No ☒

(Apelación del preso aceptada por el administrador o su designado(a).)

INMATE SERVICES DIRECTOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decisión o recomendación por parte del administrador o su designado(a).)

Original Response to Prison

INMATE SERVICES DIRECTOR/DESIGNEE (Administrador o su Designado(a)):

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

J. Muelle

[Signature]

5/6/22

THIS SECTION IS TO BE COMPLETED BY INMATE!

INMATE SIGNATURE (Firma del Preso):

DATE APPEAL RESPONSE WAS RECEIVED: (Fecha en que la respuesta fue recibida)

Delv Via COVID19

MAY 9 2022

(NOV 17)

(WHITE COPY - INMATE SERVICES)

(YELLOW COPY - C.R.W.)

(PINK COPY - INMATE)

COOK COUNTY SHERIFF'S OFFICE

